Draper (J.)

INSANITY IN GREAT BRITAIN AND UPON THE CONTINENT OF EUROPE.

Its Different Phases and Modes of Treatment compared with those prevailing in the United States.

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ITS DIFFERING PHASES AND MODES OF TREATMENT COMPARED WITH THOSE PREVAILING IN THE UNITED STATES.

By J. DRAPER, M. D., Brattleboro, Vt.,

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THE difference in the mode of treatment of the insane in different countries has been a somewhat prolific theme for specialists and philanthropists in recent times, and has often been discussed without a due regard to all the premises that should enter into its consideration. Perhaps it is impossible that all these should be comprehended in their just measure in the mind of any single individual; and, assuming this, I know no better method of arriving at definite and just conclusions, respecting doubtful problems, than by a comparison of the impressions of different observers, from their somewhat varying standpoints, throwing quite out of account the impressions of unqualified persons—those not practically engaged in the care of this class, and whose conclusions are derived mainly from their "inner consciousness" of what ought to obtain.

In this view, I offer this paper as a coutribution toward the solution of some vexed practical questions, basing it upon the impressions derived from a somewhat more than cursory personal inspection during the summer of 1881, of twenty-four European asylums, ten upon the Continent, and fourteen in Great Britain and Ireland.

In the running record I propose to sketch, I shall have to crave the patience of those to whom my subject may be already familiar.

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I visited the institutions of the old world for the purpose of seeing whatever was peculiar in their plans or methods of management, and, so far as I know myself, without any preconceived opinion that would disqualify me for giving just weight to the evidence of such facts as I should find, and in the hope that I might see something in foreign methods that could be profitably engrafted upon our own.

The first institutions visited upon the Continent were the four Parisian asylums, the Bicêtre, Salpêtrière, Charenton and St. Anne, and the first impression made upon my mind was that of the meagreness of in-door provision for the inmates as compared with ours, and the much more general facilities for out-door recreation and treatment than are generally found in the asylums of our own country. At the Bicêtre, the rooms of patients of the excited class opened directly upon verandas inside the airing courts, so that practically the inmates lived in the open air. The same was observed at the Salpêtrière and at Charenton; and at St. Anne, where the accommodations for excited cases are isolated and peculiar, each patient having a separate open court appended as a door yard to his individual apartment. Now, it is easy to see, at a glance, that this open air provision grows out of the general habit of the country. All Paris, it is said, lives out of doors. The climate there draws the inhabitants out of their tenements, as much as in New England it drives them in, for recreation and comfort. And yet this underlying cause is practically ignored by some of the writers of our time, who argue that what can be done in one country can be in another, and complain that in America the patients are kept too much within doors without acknowledging, or perhaps suspecting, the reason to be any other than a difference of policy in the treatment of the insane in the two countries. A large percentage of the insane observed in the Parisian hospitals were evidently of the agitated class, and this, considering the climate of the country and the volatile nature of the

French people, was what, on general principles, it seemed to me might be expected. In the treatment of excited cases the camisole was freely used, in some divisions as many as twenty-five per cent. of the inmates being thus restrained or wearing canvas suits, but I saw few, almost none, in seclusion, although strong and padded rooms were provided.

In all these institutions, also, water as a means of treatment was prominently dwelt upon, and the arrangements for its use were everywhere exhibited with evident pride. There were tubs with covers for confining patients to prolonged baths, together with douches and showering apparatus, "with which to refresh the head." At the Salpêtrière, I saw caps for the protection of the head during the shower, and a cooler of novel make which I can conceive might serve an excellent purpose in certain cases in any country. It is a coil of rubber tubing joined together so as to form a cap; thus by connecting one free end of it with a douche pipe, allowing a circulation of water around the head. But at St. Anne the appointments are the most nearly perfect of any that I saw for this means of treatment, including, as they do, the covered tubs, the douches and the showering apparatus, elaborated to the last degree, together with a raised rostrum, like the pulpit of an old fashioned church, from which the operator can control the water and graduate the refreshing effects at will. There was less apparent use of mechanical restraining means here than in either of the other institutions. There was more even at Charenton, although the patients there are of a better class. The same means were used there as in the public institutions, and, in addition to the camisole, which was in frequent use and no apology made for it, there were restraining chairs by the dozen in the sitting or day rooms of the patients. These are upholstered with leather, with an opening in the seat, and furnished with straps to go around the body and to secure the feet. In no institutions in America have I ever

seen so large a percentage of patients under restraint as in those of Paris, nor so great a variety in the means of restraint.

What might be termed hospital police is in none of these institutions neglected. Charenton, which, like the Mt. Hope institution in this country, is under the immediate care of the Sisters of Charity, left an impression of scrupulous neatness upon my mind that was almost painful. Of the medical practice there, I am unable to speak, as I did not meet the physicians in charge. The general superintendence and management appeared to be in non-medical hands; but I everywhere received great courtesy and was freely admitted to all classes of cases as soon as my connection with the specialty was made known.

The asylum for insane women of the pauper class, near Venice, afforded me some idea of the treatment of the insane in Italy, and the prevailing type of insanity in that kingdom. Here were a thousand patients under the charge of Dr. Pietro Carlo Brunetta, an elderly gentleman, evidently devoted to his work, and with whom I was most favorably impressed. Here, contrary to what I had observed in France, the inmates, instead of literally living in the open air, were absolutely all mainly confined within the buildings, the excessive heat as effectually driving them in, as the extreme rigor of our New England climate does ours in winter. True, there were areas between the different sections of the buildings, which, in the French hospitals, serve for airing courts, but they were unprovided with seats or shelter of any kind, and into them the sun, with all its Italian fervor, poured its rays so mercilessly as to make them anything but a comfortable resort. I was informed that it was only in the cool of the evening that the patients could be allowed out of doors; but the construction of the wards bears evidence of an appreciation of the fact that they must be adapted to constant occupancy, and in space they are ample. The ceilings are from fifteen to twenty

feet high, the hall from fifteen to thirty feet wide, with rooms upon only one side, and the floors of stone or Venetian cement. I nowhere saw worse classes of cases than were congregated here. A very large proportion of them were maniacal, and a very large percentage also suicidal. Patients by the score, if not the hundred, were confined to their beds, or restrained by camisoles, by wrist-bands and belts, or by leg straps to tables and chairs. A very large number also were feeble and in bed, but a commendable degree of cleanliness and attention to the sick prevailed. Pellagra was a complication in many cases, and this, it is said, is peculiar to Italy and the south of France.

I came to the conclusion that the prevailing types of insanity in France and Italy are of the active forms, and certainly the care of the patients at Venice must have severely taxed the resources of those who were responsible for their management. Not only were the cases bad in their nature, but they seemed most discouragingly hopeless in prospect.

The transition from Italy to Switzerland was not more grateful than was the contrast between the asylum last described and the one next visited, which was at Lausanne. This institution, in the midst of the beautiful scenery about Lake Geneva, left nothing but pleasing memories upon my mind. In its architecture it has many American features; and, like the State institutions of this country, it accommodates the insane of all classes belonging to the Canton de Vaud. Here I found, for the first and only time on the Continent of Europe, *no restraint.* Particular inquiry in respect to this elicited the fact that the abolishment of restraining means was comparatively recent here. There are no padded rooms at Lausanne, but those used for excited cases are strong, and the walls finished with cement and painted. Strong canvas clothing, each suit being but one garment, is used; and, on inquiry as to whether even this might not be torn or taken off, and what was then done, I ascertained

that the patient was then secluded and provided with loose bedding made of excelsior.

At the next institution visited in Switzerland, I saw the water treatment in use more extensively even than in France. At the time of my visit, a dozen female patients were confined in the bath tubs, and this, the superintendent informed me, was for the purpose of reducing excitement. In reply to my inquiry as to the use of the camisole, and which he would regard as the preferable treatment in cases of furious and destructive mania, he replied by saying that it would depend upon the individual case, and that he very rarely resorted to the latter.

The difference between the insanity of this elevated region and that observed in France and Italy was very marked. Besides the great modification of the dominant characteristics of maniacal disease, there seemed much more ground upon which to build a hope of recovery. There is evidently more native stamina inherent in the mental constitutions of the people. Nowhere but in the Swiss region did I see much either in the customs or the personal characteristics of the people, akin to those of New England, but here one felt at home; and, in the management of their institutions, their republican principles were very manifest. To the wide differences in the constitutions of the people and to climatic influences, I think may be attributed, to a great extent, the differences in the type of insanity prevalent as well as predominant in the different regions of the same Continent.

At Heidelberg, I visited the new asylum connected with the University. This is certainly a model establishment in its design and appointments, and, if representative of the German asylums generally, predisposes one very much in their favor. This was the only institution I saw on the Continent that had any system of forced ventilation, or that was heated by indirect radiation as in the United States. Its architecture embodies many excellent

features, and gives evidence in detail of much careful forethought in the plan. It was designed for one hundred patients. Its strong rooms are finished with cement. Their windows are of iron sash with small panes of very thick glass, and without protecting guards—each window cost three hundred marks. The doors are of double thickness, with an elastic filling between the two to diminish the noise that might be occasioned by blows upon them.

The system of management was evidently good. Leather mittens (handschuhe) and the wet pack are the restraining means employed. I saw both in use; and canvas suits, made whole, were worn by destructive patients, the buttons being locked. I was told by the assistant medical officer that the prevailing sentiment of Germany was against mechanical restraint.

In striking contrast to this latter institution is the old asylum at Antwerp, which accommodates about the same number of patients. The larger part of a century intervened between their periods of construction. Situated in the midst of the city, surrounded on three sides by streets, and abutting on the fourth against other contiguous buildings, there is but little to distinguish this externally from a huge warehouse; yet here was much homely comfort and painstaking within a very circumscribed area; and, notwithstanding the disadvantages of construction, and the very limited open air space within the square, the inmates did not seem unhappy. Many cases were excited and restrained by wristbands and belt, by camisoles and by chairs; but others were engaged in basket work and the manufacture of cigars, while others still were employed in the kitchen and the laundry. The institution has no facilities for agricultural labor.

In respect to the labor question, the conclusion forced upon my mind was that no larger proportion of the inmates of the European institutions are employed than in those of America; and, in respect to the use of restraining means, that more, rather than less, are there

used. But these conclusions are based entirely upon my personal observations. More extended investigations might have modified my impressions. As an offset to the water treatment, I am inclined to believe that we must charge to our account the more liberal use of sedatives.

As might be supposed, a visit to the Transatlantic Continent would be incomplete unless it included Gheel.

I arrived at this Mecca of modern philanthropists on the afternoon of a Saturday, and remained until the following Monday. Notwithstanding the descriptions I had read of the place, few of my preconceived impressions were confirmed. The extent of the colony surprised me. My supposition was that the patients were quartered mainly upon the village instead of being scattered over a territory equivalent in area to a New England township. The colony is divided into three geographical sections, each in charge of an assistant medical officer, whose duty it is to visit every patient once a month, and oftener if necessary. Books are kept in the homes of the insane, in which the physicians enter at each visit the date and the fact, with such observations as may be suggested. These medical officers reside in the village, Dr. Peeters alone, the Physician-in-Chief, residing at the hospital or infirmary. This building, at the time of my visit, had but thirty-five inmates, although it has beds for fifty. These were mainly cases of active mania or melancholia. Sisters of Charity fill the positions of responsibility in the infirmary. Restraint by camisole, leather mittens and chairs was seen here, but none is allowed outside the hospital unless by special order of the physicians. The number of the insane at the colony at this time was 1,595, of whom 1,447 were natives, and 148 foreigners; 1,438 were paupers, and 157 private patients. The sane population of the colony was 11,500. Besides the physicians there are supervisors of sections, who have a constant and more frequent oversight of the insane, and of the manner in which they are cared for. The rates paid for the pauper class vary, according to the condition and

habits of the patients, from a Yankee shilling to twenty or twenty-five cents per day; and those for the private class, from the last named sum to two or three dollars per day; but those last named apply only to very exceptional cases, belonging chiefly to the nobility.

I visited with particular interest many of the dwellings in which the insane were quartered. The principle of the distribution of patients among the families comprising the population seems well devised and practically judicious. From one to three only are lodged in a family, two being the rule, and both sexes are not in any case taken in the same family. With few exceptions, the amount received for their care is too small to excite cupidity, while it is sufficient help to the family to become a consideration, and to reconcile them to the arrangement. My visit was on a Sunday, so that I could hardly judge of the amount of labor performed by the insane; but I apprehend it to have been exaggerated. That there is now an effective supervision exercised over the insane of the colony, I believe. I saw none wandering aimlessly about the streets of the village, and contrary to what I had expected, nothing to mark it as the home of the hopelessly insane, In driving about the colony outside the village, it was not unusual, although hardly common, to see the insane sitting outside the cottages. In visiting the interior of their homes I found the garden in the rear of the house usually the attractive feature of it; and in this the better class walk and the poorer work.

I did not learn that wandering about the neighborhood is interdicted, but inferred that practically there is little license of that kind, and that as a rule it is expected that the families will always know where the insane members are. I made notes of many of the houses visited, but cannot take the space for their reproduction here. At some of these the patients appeared to be very comfortably situated and provided for; at others I thought they would be better off in an asylum. The better paying class are mostly in the village; the poorer and more

demented in the surrounding districts. In one house in the town were two male patients; one quiet and in bed, but the other—a French captain, who had been eight years insane, who was uneasy and incessantly walking, with melancholy and suspicious look, and so wakeful and noisy at times that it was necessary to keep the front door constantly locked, and that of his chamber also at night—it seemed to me would be better off in any well regulated asylum. In a house almost directly opposite this, where was a butcher's shop into which the front door opened, was quartered a single patient, who was taking breakfast in an adjoining room, but who arose and left the table in a nervous and hurried manner when we entered. This man had been five years insane from epilepsy, and in the shop hung saw, cleaver and all kinds of instruments used in the business. This was, to me, the most objectionable arrangement that I saw, but I was told that no accident had ever occurred, and none was apprehended. In another domicile were two female patients, one a non-talkative old lady who kept her room constantly, and the other a monomaniacal young woman who walked in the garden with a regal air and a high head-gear, imagining herself to be the Queen of Holland.

In one of the best houses, with a large garden and shaded walks in the rear, were two male patients, one of whom was a young man, the son of a baron, and much deranged. He was walking rapidly in the garden and disposed to shun strangers. I understood that he was brought to Gheel by the advice of the physician of the Empress Charlotte, and that he was six years insane with no amendment. His companion, an elderly, plain looking man, with coarse clothing and wooden shoes, apparently in a state of chronic delusion or dementia, I understood to be wealthy, and to pay more than the young baron. The house was kept by two elderly women, with two female servants. Decidedly the best provision for the insane to be found in the place is the house kept by the daughter of the late Dr. Bulckens, in which were

three male patients, one a general paretic, another apparently demented, and the third a Polish prince, evidently in a state of great contentment and self-satisfaction, and very observant of etiquette, but probably drifting toward dementia. Both the house and the family seemed devoted to these inmates, and I understood they enjoyed many special and outside privileges.

In the houses outside the village were many patients of uncleanly habits, and some who were more or less excited. Bundles of straw laid crosswise on a bedstead and covered with a blanket to sleep upon, appeared to be the usual arrangement for such cases, and articles of bedding and wearing apparel were hanging out on the hedges, during the day, to dry. Bars to the windows of sleeping rooms, while not universal, were common, and some decidedly troublesome persons were seen. One man, a chronic maniac, with religious delusions, followed us quite a distance shouting and crossing himself and bowing down before a rude cross which he had erected by the roadside.

In another cottage, near by, were two male patients, one a quiet dement, fifty years an insane resident of the colony; the other a most incoherent chronic maniac was sitting inside the great fireplace, in the chimney corner, in a framed chair designed for restraint by means of a cross bar in front, from arm to arm, from which, as we entered, he started in his half clad and disorderly condition to run out of doors. This man was troublesome, mischievous, not to say vicious, and in my opinion, most objectionable as a member of a family.

It is not uncommon in the countries of Continental Europe for the abodes of the peasantry to be in near proximity to the quarters of the domestic animals, and not rarely does one roof shelter both man and beast. Here in one instance we met such an habitation, one-half upon the ground floor being occupied by the family and the other by the quadrupeds. Between the two departments was a large chimney, with fireplace, in which hung a

great iron kettle which could be swung around, by means of a crane or semi-circular arm, from the kitchen fire into the stable through a communicating door. The conveniences of this arrangement, however, to my mind, were more than counter-balanced by the disagreeable conditions inseparable from such association.

The cases cited and the accommodations described represent, I believe, the best and the worst to be seen in Gheel. Between these are sandwiched the great majority, who have no sharp characteristics or mental crooks, and who are in a state of reasonable comfort and contentment; but it seemed to me that no class of those I saw were better off than the corresponding ones in other asylums that I visited, and that no individual case here enjoyed comforts and social advantages that the same amount of expenditure would not procure for him in any well conducted asylum.

It is not the policy of the Belgians to provide for their insane in the manner in which they, by accident, as it were, came to be provided for here. There are many establishments for the insane in Belgium, but all, with this exception, are on the universally established plan. While Gheel, among the modern humanitarians of other countries, has risen into prominence deserving consideration, at home it has been regarded as almost a reproach. "Many physicians," said Dr. Peeters, "come here from all parts of the world, but the Belgian physicians come not at all."

Gheel, however, has its lessons for those who will search for them, and we may thank the old world conservatism that wisely, perhaps, took measures to gradually reform the place, instead of extinguishing it forever, by gathering its insane residents into a building large enough for their accommodation. I have reason to believe the insane much better cared for than in the days of the Commune, when all the oversight of the residents, sane and insane, was in the hands of officers corresponding to the selectmen of towns in New England, and think it

probable that continued advantages will accrue to the insane under the present established governmental control. The evils of the system are, in my opinion, to be seen in the families of the present resident sane population. For more than thirty generations the people of this region have been accustomed to the presence of the insane in their homes, and this has been an element operative more or less upon their daily life.

What more natural than that the children (and this is a prolific region) should imbibe more or less of the erratic and degenerate life with which their own was constantly and inextricably mingled, and that, in the course of successive generations, a retrogradation or retardation in respect to human development and progress should be the consequence? And this retardation has been more complete by reason of the isolation of this region from the active world, no railway having until recently penetrated to it, and no manufacturing industry ever having been there developed. The whole population, indeed, has for centuries been occupied only in the routine of agricultural pursuits, and notwithstanding the establishment of a general over the local government, the building of a hospital, and the construction of a railway through the commune, the town is still barren of apparent activity and thrift, as compared with those in general of like population

The first institution I saw in Great Britain was the Royal Edinburgh Asylum, at Morningside. This has beds for two hundred private and six hundred pauper patients. The two classes occupy separate buildings. The accommodation is very excellent and somewhat varied for the private class, two or three cottages within the grounds furnishing quarters, each for a small family—and Craig House, an estate contiguous to the original asylum premises, being occupied by from twelve to fifteen of the higher paying boarders. Some of the private class, who pay rates but slightly above that received for paupers, are lodged in the buildings for the latter, but have a separate table and dining room, and a dietary corresponding

with the increased rate; but the diet for the pauper class was inferior in variety and quality to that which is universal in our State Asylums. The East house or main building for patients of the private class, though built in the early part of this century, has been so greatly modernized by structural alterations and extensions that it has few defects, and certainly many excellent and attractive features. Its dining rooms, in particular, of elaborate finish and elegant furnishing, are flanked on both sides by a narrow conservatory filled with plants, the whole constituting a thing of beauty long to be remembered. These, with glass corridors around the building and its extensions for the use of patients in rainy weather, are features of which Dr. Clouston may justly be proud. The main buildings for the pauper class have accommodations not essentially different from those of the hospitals in the United States, and I could not see that the arrangements which differed from ours presented any important advantages. The aggregation of all the patients in a common dining hall, I do not regard as a desideratum. Open coal grates in the wards, supplementing the general system of heating, were new features to me, but I found them universal in England. Like almost every other place, public or private in Great Britain, this institution is surrounded by a stone wall laid in cement, and the gates or entrances are guarded or locked. Still the walls are not high enough to prevent escapes. I saw few patients within doors, and many employed in various ways about the grounds. More of the daily work appeared to be done by manual labor, and less by mechanical aids than in our asylums, which I am not sure is any disadvantage. On entering the grounds I met an attendant with a party of patients, ten of whom were drawing a lawn mower, though half of that number could have done it easily. Doubtless, a larger percentage of the inmates are thus employed than with us, but I do not think it certain that more productive labor is performed.

A little further on, I met an excited young woman walking between two attendants. Subsequently, and in company with Dr. Clouston I met them again, when the Doctor took occasion to speak of the mode of treating maniacal cases in this way. He keeps them the whole day in the open air, and at night gives a warm bath and a large dose of bromide of potassium, which, continued for a very few days, usually subdues the excitement, and brings the patient into a very comfortable and manageable condition Restraint is furnished by the hands of special attendants,. mechanical means being wholly discarded and seclusion little resorted to, although there are padded rooms for violent cases. So large a proportion of the twenty-four hours in Scotland, and in the warm season of the year is either sunlight or twilight, that it is practicable for much more of the time to be spent in labor or exercise in the open air than with us, and to this fact, rather than to difference in policy of management should, as I believe, be attributed the greater amount of out-door treatment in that country than in ours.

Again, greater risks of accidents are taken than we feel justified in taking. The difference in practice in different hospitals in respect to admitted risks, it seems to me, can only be explained as Dr. Earle, in 1878, explained the difference in the proportion of cases in different hospitals discharged as recovered, by attributing it to "diversity of characteristics in the constitutions and temperaments of the superintendents;" and Dr. Clouston and others to whom I may hereafter refer, appear to be so constituted as to be able to regard probabilities simply as possibilities, and to lean in doubtful cases to the less conservative practice.

The old Bethlehem and St. Luke's Hospitals, in London, were visited with the same interest as the Bicêtre and the Salpêtrière, in Paris. Historic associations group themselves around these old establishments as about few others, and to the specialist from this side of the Atlantic furnish an antiquarian interest not attached to those of

our own country. But while one here beholds the relics of the ancient idea in relation to the confinement of the insane, he likewise sees some of the best modern practice in caring for them; and in the results of treatment these old institutions do not suffer in comparison with those of later build. Renovated and in many respects modernized, though still unmistakably old-fashioned, they are yet held as suitable places for the purposes for which they were created. The principles of practice in the London institutions I found essentially like those at the Edinburgh Asylum. Mechanical restraint is totally discarded, as well as anything like regular treatment by sedatives. Padded rooms are sometimes used, and canvas clothing is worn by destructive patients. Attendants, of whom there is one to every five or six patients, at Bethlehem, are entirely depended upon for the reasonable care and restraint of the inmates during the day, but at night the latter are allowed to do much as they please in their rooms, after all movable and destructible things have been, as far as possible, removed. In cases of acute exhaustive mania, the assistant physician said that hyosciamin is used, but that no continued treatment by sedatives is ever pursued. The grounds of Bethlehem permit a wide out-of-door range, so that the open air treatment can be as successfully carried out as at Edinburgh.

At St. Luke's, as at the old Asylum at Antwerp, there is little opportunity for open air exercise, but I was told that in-door and out-door entertainments are provided, and that carriage drives to a considerable extent compensate for the absence of surrounding pleasure grounds. At Bethlehem only recent cases are taken.

I next visited the three Middlesex Asylums: Hanwell, Colney Hatch, and Banstead. These mammoth establishments accommodate about 2,000 patients each. Their architectural plans differ greatly and embody essentially the ideas of three successive generations.

The site of each is exceedingly well chosen, and each

embraces ample grounds for pleasure and for agricultural employment. There is much in the plans of asylums, both on the Continent and in Great Britain, that particularly interested me, but I can only refer to them incidentally, in a paper which particularly has to do with the management and mode of treatment of the inmates of the different institutions which came under my observation.

At Hanwell most of the cases are of recent origin. The medical staff consists of a superintendent and four assistants. The proportion of attendants averages one to every twelve patients. Dr. Raynor, an active energetic man, nine years in charge, and thoroughly imbued with the spirit of his work, most courteously exhibited to me the interior plan and working of this great hospital. Five-sevenths of the male patients were in some way and to some extent employed; but, in this enumeration were included all who assisted in in-door work of a domestic character. The mere transportation of food from the kitchen to the wards, three times a day, which is done by hand instead of by cars and elevators, as in the United States, employs a small army of men at the hours for meals.

The asylum bears evidence of vigilant management. The pay received for patients is about two dollars and fifty cents per week. There are many strong and padded rooms, but no mechanical restraint is used. Many infirm and paralytic cases are kept in bed. Suits, including shirts of the strongest canvas are used for the destructively inclined cases. I asked Dr. Raynor if he did not sometimes have patients who would destroy even this clothing, or at least, divest themselves of it; he replied: "Seldom." When he has them he employs "special attendants until the paroxysm subsides, as it usually does in two or three days." I asked him further if he did not sometimes have cases of asthenic mania in which the patients, unless restrained, would exhaust themselves and die. So far as I could learn he had no experience of that kind. I inquired if he had cases of persistent refusal of food; he

answered, "Yes; but such I put to bed and keep there as sick persons until they come to their appetites. I very rarely have occasion to resort to the stomach tube." He wished, however, to be distinctly understood as not bigoted in the matter of restraint or non-restraint. He would not say he should not use restraint if the exigencies of the case required it, but he did not have cases that did require it, and that could not be bridged over in the way mentioned. He also deprecated the use of sedatives, and said that he seldom gave even a single dose for the purpose of allaying excitement, but kept maniacal cases out of doors as much as possible during their waking hours. The same avoidance of sedatives prevails in principle as at Bethlehem. The legitimate conclusion apparently to be drawn is that mania, in England, is more paroxysmal and evanescent than in New England.

At Colney. Hatch there are two distinct medical organizations. Mr. Marshall, with two assistants, having charge of the women's department, and Dr. Shepard, with one assistant, of that of the men. The medical assistant, in the absence of Dr. Shepard, accompanied me through the latter. The day being unpleasant most of the patients were within doors. This institution draws its inmates from the East End of London, and it must be confessed they appeared rather worse than the average of the same class in Great Britain, and their general appearance was not improved by what seemed to me the needless wearing of their hats in the house; but this practice is not peculiar to Colney Hatch. Many patients wore strong canvas clothing, and padded and strong rooms are used, but I saw no form of mechanical restraint. I asked the assistant physician if they had no cases requiring special restraint, and received the reply: "We never use any." In answer to my farther inquiry, if they did not have cases of exhaustive type, in which the patients, if in no way restrained, would wear themselves out and die, he said that he "fancied restraint would only aggravate the case," and that "most of the

cases of acute mania so far subside in three or four days that they are managed without difficulty. In point of fact," he added, "if acutely maniacal cases continue so for ten days, they almost invariably die." He spoke of the condition of violence as a transient one, and, as a rule, of a paroxysmal nature; persistent destructive mania not being a usual, hardly an exceptional experience. Here, as at Hanwell and Bethlehem, sedatives are used only when specially indicated, and not as a course of treatment in excited cases.

The Banstead Asylum, the last erected of the three Middlesex institutions, was designed for chronic cases, and built upon the block plan. Its patients mostly sleep in large dormitories, but, as it has been decided to receive recent cases, the new block in process of construction is largely devoted to single rooms. This institution is regarded as a model in its way, and is ably managed by Dr. Claye Shaw, with three medical assistants. To them, because of the absence of Dr. Shaw at the time of my visit, I am indebted for much courtesy, as well as for much information in respect to the principles and details of management. The corps of attendants here was in the proportion of one to twenty patients. A good deal of labor is performed by the inmates, and, in addition to agriculture, a tailor's shop furnishes some of the men with in-door work, while many are employed in the domestic departments. The treatment here, as elsewhere in England, is essentially on the principle of non-restraint. Mittens are sometimes used and padded rooms for special cases. Cases of typhomania, or acute exhaustive mania, are rare, and are treated by these means. Neither acute nor chronic mania of persistent type, nor that which is exhaustive to the extent of compromising the physical welfare of the patient, seemed to have come within the experience of these medical assistants. Medical treatment is not ignored, and yet not greatly relied upon. Here, as at Hanwell, the conveyance of food is by hand from kitchen to wards, and although those who are able go to

the common dining hall, many have to be served separately. The kitchen and the laundry are both on a great scale, and both excellent. Water from a well, three hundred and sixty feet deep, is softened for washing by a chemical process.

The proprietary establishment of Dr. Wood, at Roehampton was visited as a representative one of its class. The estate embraces some fifty acres, with buildings centrally situated, the whole, in fact, a gentleman's homestead with the residence enlarged by two wings, for male and female patients, respectively, and containing apartments for twenty-five of each sex. Some of the arrangements struck me as peculiar, and, taken altogether, it appeared to have more architectural provisions for security than are usually seen at public institutions. On the first floor are provisions for the most troublesome cases. The middle story is appropriated to day uses, and the upper to dormitories. The private parlors and bed-rooms for patients, instead of being connected in suites, are separate and upon different floors. The public rooms, the parlors, the libraries and the billiard rooms are all large and luxuriously furnished, one of them serving for religious services on Sunday. Many rare attractions surround the house. Enclosed gardens afford recreation to special classes, while a wider range of privilege is extended to those who are sufficiently trustworthy. Dr. Wood, the proprietor, with an assistant medical officer and a matron, constitute the official staff; and everything that can be required by individual patients can here be commanded. I understood the range of prices to be from four to ten guineas per week.

In the treatment of the inmates, everything in the nature of compulsion is, as it seemed to me, so scrupulously avoided, as to sometimes compromise the welfare of the patient. The use of the stomach tube in persistent refusal of food, I was told, is rarely if ever resorted to, and the only instance mentioned of the employment of mechanical restraint was that of a young woman who had

destroyed one of her eyes. Closed sleeves were used to save the other from a like fate.

The Northampton County Lunatic Asylum, at Berrywood, near Northampton, was spoken of as one of the best in England, and the latest built of its class. Its capacity is for six hundred patients. In some respects it is similar to the Banstead plan, but differs in its interior arrangements. Its unpretentious center is a noticeable feature, the adminstrative building being projected forward and but two-stories high, while the wings are three. The proportion of single rooms for patients is as one to five of its full capacity. Dr. Richard Greene, with one medical assistant, has charge, and the corps of attendants averages one to fifteen patients. The windows of the single rooms are provided with close shutters; all the others are of substantial wooden sash, but so arranged by stops that they can be raised or lowered only six or eight inches. Some of the rooms are padded and some have double doors. Suicidal cases and those requiring personal care are gathered into a ward by themselves at night, and are under the oversight of a special attendant. This ward is a large dormitory, with a range of single rooms on one side, the doors of which are of open slat work, to facilitate observation of the occupants—a recent suggestion of the Commissioners in Lunacy.

The patients are employed in all practicable ways. In addition to farm labor, the shoes and clothes of the male patients are made in the shops by the men. The women are employed chiefly in sewing, washing and ironing. Some of each sex work in the kitchen, and, altogether, the amount of effective work performed seemed to me greater than at any other place I saw in England. There were, apparently, but few cases of mania, and I saw no seclusion or restraint, except by strong clothing. In reply to my stereotyped inquiries, I was told that cases of acute mania are usually transient; and that they use sedatives, and sometimes the wet pack.

St. Andrew's Hospital, at Northampton, for the middle

and upper classes, impressed me in every way most favorably. Its location, within the city, is upon an original plant of sixty-four acres, to which additions have been made by the purchase of contiguous villas until the area of the premises is about one hundred acres. Upon some of these recently purchased lots are fine residences, which are utilized as boarding places for some of the higher paying patients. An estate of about four hundred and fifty acres, about two miles distant, has been recently purchased and is to be made supplementary and tributary to the main hospital; tributary as a farm, and supplementary as a colony for certain classes of the chronic insane. The recent cases, and those which are the most troublesome, are to be kept at the old hospital which provides in the most ample manner for three hundred patients. The attractions of this hospital are many, both within doors and without. Finer lawns and carpet gardening I nowhere saw, and the enclosures for the use of the more excited classes *deserve* to be called gardens, rather than airing courts. Within are large and fine public rooms, spacious suites of apartments, and, in fact, every variety of elegant accommodation. This institution, which is under the efficient management of Mr. Bayley, with two medical assistants, appeared to me to occupy a foremost rank among those I saw in England. In the treatment of excited cases sedatives are used freely, and sometimes narcotics, but no mechanical restraint unless for surgical reasons. Seclusion and the padded room are occasionally resorted to, but the chief dependence is upon attendants. All indulgences consistent with prudence and consonant with individual tastes are allowed, even to the questionable one of smoking in the wards at will.

The Manchester Royal Lunatic Hospital, at Cheedle, presented some new and interesting features both in plan and management. There was here less of the aspect of confinement than is usual about European asylums. It is the only one I visited at which the avenue of approach is not guarded by a gateway and a porter's lodge; and

hedges instead of walls surround the grounds. The class of patients here provided for is the same as that at St. Andrew's—the private and paying; and the style of accommodation is equal to, and partaking of, some of the features of St. Andrew's, and of Dr. Wood's establishment at Roehampton—the private parlors of patients being on a floor below their sleeping rooms. Many were made very pleasant by the bay windows formed by the architectural projections of the building. Two hundred patients are provided for, but of this number one-fourth are in cottages belonging to the Asylum, or leased by it for the purpose. These are of the chronic class. The rates are practically the same as at St. Andrew's; from one hundred to one thousand guineas per year.

Seclusion to padded or ceiled rooms is resorted to in cases of acute or paroxysmal mania, the light being excluded by means of close shutters. This is believed to shorten essentially a violent paroxysm.

Mania, here as elsewhere, was spoken of as not persistent in its nature, as a rule. In some very bad cases mittens are used, but no other form of mechanical restraint.

Sedatives are freely employed, and freedom on parole is a marked feature in the management of this hospital. This, as was remarked by the assistant physician, who, in the absence of the superintendent, acted as my cicerone, they believed to be more practicable than it would be in a county asylum; as the patients of the grade here provided for are mostly persons accustomed to respect their word, and pride themselves upon it when in health. It would be difficult in my judgment to add anything to either of the asylums last noticed, that would apparently be material to the welfare of their inmates.

The only institution I saw in Ireland was the Richmond County Lunatic Hospital at Dublin. This had separate buildings for males and females, as at the Pennsylvania Hospital for the Insane in this country, a quarter of a mile, more or less, apart. The buildings now occupied by women were opened early in the present century, and

resemble in style the older British and Continental institutions, while those for men are upon the modern linear plan and more attractive exteriorly.

Five hundred men and six hundred women are here cared for by Dr. Lalor, whose reputation is especially connected with the system of instruction, which is the marked feature of his management. In no other asylum that I saw is there so small a proportion of single rooms, or so little in the way of architectural restraint, but the boundary wall around the ample premises, sets limits to individual liberty.

Dr. Lalor believes that single rooms are unnecessary for a larger proportion than one to twenty of the average of patients. To such an extent has the associate system been carried, that where single apartments have not been thrown into dormitories, the doors in some sections have have been removed; and in what was regarded as the best division for females, red woolen curtains are substituted in their stead. In connection with the large dormitories, there are one or two strong rooms for use in case of sudden necessity at night. As a part of this system of management, Dr. Lalor's instruction drill, deserves to be called a success.

All are here moved in the gross, if not with the regularity of trained soldiery, at least in platoons, for various drill exercises, more or less automatic in character. A large proportion, about eighty-seven per cent. of all the inmates are reported as employed. I did not see those out of doors at work, but a half-dozen were in the tailor's shop, the like number, more or less, in the carpenter's shop, and in the shoemaking department at least a dozen. One of the last mentioned was pointed out to me as being suicidal. He was at work upon a bench, with cutting knives and sharp awls at hand, thus incurring a risk which I regarded as wholly needless and as unwarranted, as the quartering of the insane epileptic in the butcher's shop at Gheel.

The service of food in this institution gives employment

to many of the inmates, as it is all carried from the kitchen of the old department to the dining rooms of both buildings. Acute mania here, as in England, was spoken of as usually transient. The suicidal class is large, and these are all lodged in associated dormitories at night, and watched over by special attendants. Both Protestant and Catholic clergymen are here employed, and a Protestant chapel and a Catholic church are situated between the two departments. Dr. Lalor is ably supported by two enthusiastic assistants, and the school faculty is represented by six official teachers and by thirteen assistants, who, in addition to the ordinary duties of the attendants, aid in carrying out the system of instruction.

The Royal Glasgow Asylum at Gartnavel, under the charge of Dr. Yellowlees, embodies many excellencies. Here, as at the Royal Edinburgh Asylum, both public and private patients are received, but they are placed in separate buildings. As at Morningside also, a few of the private class are lodged in the buildings of the paupers, but they have a separate and improved table. In the buildings of the private class, the meals are taken in the wards, and as a rule, in the corridors, at tables which are used for other purposes between meals; in those of the pauper class, in a large common dining hall. In the buildings of the private patients are ward bath rooms; in those for paupers, except in connection with the infirmary, the bathing is in one common room. The furnishing of the rooms and halls of the private class is substantial, even elegant, but the average price paid is much less than at Cheedle, or Northampton in England, the minimum at all of them being a guinea and a-half or two guineas per week. The parish rates are about twelve shillings weekly. It appeared to me that both classes are exceedingly well cared for here, in fact, nowhere better for the same rates. Non-restraint here, as in England, is the rule. The mittens are used, if anything. I saw one bad case of paroxysmal mania, in an airing court, but in charge two attendants who were actively employed in keeping her within the bounds

of propriety. The general treatment here, as at Morningside, is by the open-air system, instead of seclusion. Dr. Yellowlees uses sedatives in acute cases. His testimony in respect to the duration of such cases coincided with that universally given in Great Britain. Patients of chronic destructive habits are interfered with as little as possible, but they wear strong clothing secured by locked buttons or buckles. Dr. Yellowlees believes that restraint in such cases aggravates them. In typhomania he depends on supporting and stimulating treatment, and thinks restraint to the recumbent posture would not materially affect the result. He uses the padded room and secures the clothing upon the patient, and believes that cases of ordinary acute mania might be much prolonged by restraining treatment. Open fire-places impart a home-like air to the apartments, and much pains is evidently taken for the amusement and diversion of the inmates. Two medical assistants and one attendant to every twelve patients of the pauper class, (the proportion to private cases depending upon requirements) constitute the working force.

The Ayr District Asylum was incidentally visited, though not upon my programme. This accommodates about three hundred patients, and was built at a cost of £30,000. It affords a good illustration of what may be accomplished by economy in building, and low rates of support. £25 per year is allowed for each patient, and certainly they are comfortably provided and cared for. At the time of my visit, the resident physician, Dr. C. Holland Skae, was absent, but I was courteously shown the establishment by the matron and the head male attendant. No mechanical restraint was seen, but I was told they sometimes use dresses with closed sleeves, and padded rooms for destructive and furious cases.

The Barony Parochial Asylum, at Lenzie, near Glasgow, was the last upon my route, and, in many respects, I found its plan and its system of management unique and instructive. This is the latest and most expensively built of the Scottish asylums, having cost £150,000, or at the

rate of £300 per bed, its capacity being for five hundred patients. The site commands a wide stretch of country on every side, and allows of almost indefinite ground extension of the buildings. The plan of the buildings embraces many excellent features. They are but two stories in height with lofty ceilings. There is a common dining hall for all the patients, and a common bath house for each sex, exclusive of one for each infirmary. The proportion of single rooms is so large that their use can be granted as indulgences to many patients whose condition does not absolutely demand them. In event of further extensions of capacity, the additions it is believed might be largely, if not exclusively, of common dormitories. Only patients supported at public expense are received. The two notable features of this asylum are the remarkable absence of provisions for restraint, and the very large proportion of the inmates who are employed. A medical superintendent and one medical assistant constitute the resident staff, and the proportion of attendants is as one to every twelve patients. The attendants, as a rule, do not carry keys, and the doors, except to their own apartments, are not locked. The doors between halls and dormitories and those of ingress and egress, open with ordinary latches from both sides; and the assistant medical officer conducted me through the building without the use of keys. The doors of the rooms of single patients open in the same way, by knobs outside, but are to all intents and purposes locked to the occupants when closed, there being no inside knobs or means of opening them. The windows of these rooms are provided with shutters; elsewhere they are of stout wooden sash, but have stops which prevent them from being raised or dropped but a few inches. Open fire-places with coal grates are the sole dependence for the heating of halls, dormitories and single rooms, steam being used only in the administrative and domestic departments. There were few male patients in-doors at the time of my visit, three out of every four attendants being out at work

with their patients; the remaining fourth one being left in to take care of those who were unable to work, and to do the work of the ward, with the assistance of three able-bodied patients who were detailed for that service. The women are employed in sewing rooms, kitchen and laundry, from which latter department all machinery had been removed or left unused for the purpose of giving manual labor to more of the patients; and the superintendent told me that he contemplated making the laundry a source of revenue by taking in work from the city. There are workshops for tailoring, shoemaking, mattress-making, plumbing, blacksmithing and carpentry, in all of which I saw patients at work, though few in number. In most of them, on the day of my visit, the persons usually in charge were away on a holiday. Three or four patients were working in the shoe shop, and as many in the tailoring and mattress shops. Two or three were in the carpenter's and blacksmith's shops, and one alone in the plumber's shop—an epileptic whose mania was suicidal, after every seizure having hallucinations of hearing, in which voices from the other world called him to come at once. This case, like those at Gheel and Dublin before referred to, illustrated what seemed to me an unwarrantable license, considering the risk so frequently run; but the assistant physician said that premonitory symptoms always preceded his attacks, which enabled them to guard against any unpleasant occurrences.

The larger portion of the male patients work on the farm, which contains about four hundred acres. I saw groups of from ten to twenty working with attendants at various employments, one party widening the banks of a brook, another laying stone wall, another making mortar, another hoeing in the field, another covering and trimming a hay stack, and another grading. All who are able physically, are required to go out with some of these parties, and remain with them during working hours, even if they do not work; except those detailed, as before stated, to do housework with the indoor attendants.

Escapes, I was told, average two and one-half per month. There are no enclosed airing courts, and no high wall or fence surrounds the grounds. In the matter of the most thorough system of employment as a remedial and moral treatment, Dr. Rutherford deserves to rank as the most successful. The secret lies in the fact that he has only to deal with the class always accustomed to labor, and that he employs attendants to lead in the work, and to labor with as well as for the inmates.

Within the year past a colonizing movement has been begun at Lenzie, similar to that mentioned in connection with St. Andrew's Hospital at Northampton. An estate upon the outskirts of the Asylum property, having thereon farm buildings, has been occupied and organized with man and wife at the head, in charge of fourteen chronic male patients of the laboring class, who are to raise vegetables for the asylum, and take care of a flock of sheep. It is contemplated still further to develop this plan, and make it a permanent feature of the institution.

While this method of permanent provision as supplementary to existing institutions may be practicable, and to a certain extent advantageous, the so-called cottage system, exclusively, does not apparently gain favor either at home or abroad, and I nowhere in Scotland heard of the adoption of the Gheel system of boarding out. In England it was mentioned in connection with Cheedle; Mr. Mould's popularity, as a practitioner, having led to his having many patients under his care, who board in families in the neighborhood of the Asylum.

The hobby of unlocked doors has little to recommend it, in my judgment, and is to a certain extent a fallacy. In looking over the last report of Dr. Rutherford, I noticed his reference to an unfortunate accident which occurred soon after the opening of the Lenzie Asylum, in consequence of the escape of a patient, and which led to the removal of the inside knobs of the outer doors. He states that during the past year the knobs had been restored, so that there is now free ingress and egress. I

am still, however, in doubt as to whether these doors are locked or not in the night. It may be pertinently asked, if there is no need of the restraint of locks, or treatment by medicine (for medical treatment here, in cases of mania, unattended by febrile disturbance, is ignored), where is the need of institutions of this kind? As long as custody, as well as care and treatment, is a factor in the case, it seems to me but reasonable that the public, at least, should be protected against possible nocturnal visitations from the inmates, even if it has become accustomed to two and one-half escapes per month, in spite of the customary vigilance of those having them in charge. The principle of treatment in maniacal cases, at Lenzie, is essentially by the open air method, as at Gartnavel and Morningside, and the transient duration of such cases here, as elsewhere, was confirmed.

Out-door recreations in Great Britain, indeed in all Europe, are enjoyed, as we must admit, to a much greater extent than in America; but on the other hand it is admitted there that we do more than they in the way of in-door diversions and entertainments. It would be absurd to claim that the policy of management in the two countries is thus diverse, for we can all perceive that the diversity of climate is largely the compelling cause of the difference noted. I am, however, convinced that in the treatment of maniacal cases, we might find it advantageous to overcome, to some extent, this difference, and endeavor to secure in the treatment of our cases more out-door liberty and less seclusion. For eight months of the year we would have little difficulty in following the method of our British brethren, but for the other four months the rigor of our New England winters, and the snows, which often bury the ground to the depth of from two to four feet, forbid such treatment, unless by some special provision for a partial protection against the inclemency of the season. In a few instances an approach to this has been made by some of the institutions of our country.

The verandas of the old Worcester Hospital, to some extent, meet this want, and it has been to me a matter of marvel that this most useful architectural hint has not been developed into a prominent feature in some of the numerous establishments that have sprung into existence during the half century since the foundation of that institution. Something like this, I am aware, does exist in connection with a few of the later ones, but I believe the value of it has been quite generally overlooked. In debating how best to engraft some provision of this kind upon the institution with which I am connected, the most practicable method appears to be to surround with a broad veranda a small airing court upon each side of the house, under which a sheltered promenade may be secured for all seasons of the year, and all kinds of weather; and if a really fine thing could be afforded, the central area of the court could be covered, like a conservatory, with a glazed roof, and thus, perhaps, allow to a certain extent the presence in winter of some of the attractions of the green-house. This provision for the treatment of excited and irritable cases, struck me as a feature that might profitably be adopted here. A second, equally practicable, impressed me as no less desirable, namely, an isolated house or cottage, for a *summer retreat*, to which small parties of the inmates might repair for a brief season, accompanied by their attendants, and procure that change from the fixed routine of asylum life, which all the world at present recognizes as an essential to the preservation of mental health. A house of this kind has been within the last two years connected with the Edingburgh Asylum. It is four or five miles from the Asylum, and is open only during the summer months. It is not designed as a fixed home for any, or even a summer home for a few of a particular class, but a place of recreation, in turn, for all who might be benefited by a temporary change. Some stay a few days, or weeks, according to circumstances or inclination; others go only for a day, an omnibus load of them riding out in the forenoon, taking lunch and dinner

there, and returning in the evening twilight. The cottage has lodgings for twelve patients. While there they have the entire liberty of the place, and they return refreshed and satisfied for the time being. Those going out are accompanied by their attendants.

A summer house, or convalescent establishment, has for a still longer time been connected with the Bethlehem Hospital. It is at Witley, in a rural neighborhood, thirty-eight miles from London. It was built for the purpose, and affords accommodation for thirty-five patients. These, or a portion of them, are changed every fortnight, being accompanied and cared for by their attendants, as at the Morningside Asylum. Although the building was designed especially for convalescents, other classes have been found to be equally benefited by these temporary changes; especially chronic cases in which the disease appears to be stationary, while some intermittent cases, when apparently on the verge of an aggravation of their malady, have been thought to escape a relapse by such removal.

The Hospital at Cheedle has such a retreat in Wales, and Mr. Mould, at the time of my visit, was there upon a vacation with seven of his patients.

At Gartnavel no such house is owned, but each season, for some years past, they have rented one either at the sea-side or in the mountain region.

These two provisions for the enlargement of our existing facilities for the cure of the recent and the chronic cases, which we have ever with us, so impressed themselves upon my mind, as indispensible *desiderata* to the progressive treatment of the insane, that I felt no hesitation in presenting them to the consideration of the Trustees of the Vermont Asylum. The members of the board equally and unanimously favored these additional advantages, and immediately negotiated for and purchased an estate contiguous to the Asylum domain, having upon it buildings suitable for the use proposed, and which, with some minor alterations and renovations will be made available for occupancy the coming season. Some additional

facilities for the exercise of excited patients during the inclement season, are also under consideration, and before another winter will probably be provided.

In respect to the management of chronic cases of destructive habits, I think we may also learn something from Great Britain. It appeared to me that greater pains are taken there to provide strong and indestructible clothing for such patients, and to secure it upon them, than with us. While we restrain the use of the hands, or, more properly, the abuse of them, they render destructive efforts futile by the use of more resisting materials for wear. The best material I anywhere saw for the purpose, was being made up in the tailor's shop at Lenzie. It is of much finer and softer texture than canvas or duck, very durable, and called moleskin. I was informed it is used as the common clothing of the working people of Scotland.

With all the good things observed, there were others connected with the management of the British Asylums that did not commend themselves to my view. One is the practice, particularly about London, of uniforming the attendants. It unpleasantly suggested the presence of a police officer in every little group or gathering of patients, as if among a party of rioters to preserve order, or to arrest the conspicuous offender, and the black dress and white cap of the female attendants was unpleasantly suggestive of the garb of a nun, and of a religious preparation for the other world, rather than a restoration to this.

Another practice, already referred to, which did not commend itself to me for adoption, is the indiscriminate indulgence of smoking in the wards, especially in asylums for the paying classes. Smoking I do not regard as a habit so universal as to be equally agreeable to everybody, and to those who do not enjoy it, it is a discomfort and annoyance; hence I conceive it incumbent as well to protect the one class as to indulge the other. And for everything there is a proper time and place.

The recognition of the varying requirements of different social grades, as seen in English or Scottish provision,

commends itself to one's inherent sense of justice, and the eternal fitness of things, although in opposition to the democratic ideas of our own country. Upon this point Dr. Nairne, of the English Board of Lunacy Commissioners, expressed his dissent from the general policy of the State institutions of this country, which provides for all classes together, and without distinction.

After visiting the London Hospitals I was governed, in respect to those I subsequently saw in England, by the suggestions of Dr. D. Hack Tuke, who, with reference to my proposed route from London, named the private asylum of Dr. Wood, at Roehampton; the Banstead Asylum for Incurables; St. Andrew's Hospital, at Northampton, for the middle classes; the new County Asylum at Berry Wood, and the Hospital at Cheedle, which he assured me afforded as good examples of provision for all the different classes, as any I could select, and if I saw these I should not return to America ignorant of the English ideas of the present time in respect to such provision. I followed his advice to the letter, and if more time had been at my disposal, would have added Hayward's Heath, Wakefield, or Prestwich to the list. Dr. Tuke expressed a lively interest in the American institutions, and but for the crossing of the Atlantic, would gladly pay a visit to the United States.

The April number of the *Journal of Mental Science*, of 1881, contains some comments upon the management of American Asylums, which may be briefly noticed. These do not seem to be made in an unfriendly spirit, and the writer's disapproval of our greater uniformity of plan in architecture, and our preference for single rooms over dormitories, and for ward dining rooms to great refectories, is but the expression of a personal preference in this respect, rather than complaint of the faulty character of these arrangements. In the somewhat caustic review of Dr. Kirkbride's book in the same journal, this remark is made by the critic: "We do not believe that the type of mental disease differs essentially in the two countries,"

hence "a good hospital for the insane in the Northern or Middle States, would be a good one in Great Britain." In respect to the prevailing type of mental disease in the two countries, I should most decidedly take issue with him. My observations impressed me with a difference, and inquiries only confirmed them. In the same number of the English journal, already quoted, is an article on "The Influence of Democratic Feeling in America on the Management of Public Institutions," in which intense *individualism* is dwelt upon as a marked American feature. This same individualism runs through the inmates of the Asylums, as through the sane population, and it is this in reality that determines our use of single rooms instead of the congregate day rooms and dormitories. Necessity is the governing law everywhere, and if individual provision were not found absolutely needful, it would not be chosen. In a recent article from the pen of that indefatigable champion of British Policy, Dr. Wilbur, the author labors to show that "Chemical Restraint," so called, is not resorted to in the British Asylums for the purpose of obviating the use of mechanical restraint.

To me this is a labor lost, or rather a needless effort. I am satisfied, abundantly, that neither drugs nor mechanical restraint, nor seclusion in lieu of either, is resorted to, or needed as it is here; that the disease there being of a milder type, calls for neither; and that with the same phases of insanity we need neither. It is but a comparatively small percentage of the whole number treated, in this country, that are subjected to such restraints, and these are restrained chiefly by reason of the more persistent type of maniacal disease, which, instead of subsiding in a few days, as universal testimony, which I have quoted in detail, convinced me it does there, continues through weeks, months, and even years, until dependence upon the constant watching of attendants must in some measure be relieved by a resort to other aids; and if the record of the aggregate of restraint in the hospitals of this country be carefully analyzed, I venture the opinion that

the amount of it will be found to depend more upon the continuance of a few cases constantly requiring it, than upon many temporarily subjected to its use.

I unhesitatingly express my belief in the curative agency of restraining means in typhomania, and in acute mania of the exhaustive type, and believe I every year see recoveries instead of deaths from their use. I recognize them also as preferable to manual restraint in very irritable patients, and in those laboring under homicidal and suicidal impulses who are morbidly intolerant of personal authority; and finally, I regard them as a necessity in chronic cases of destructive propensities, in which the special oversight otherwise necessary, cannot be commanded; although, as has been already intimated, such cases ought to be largely saved from restraint by the use of less destructible clothing. When the alternative is restraint or seclusion, the former would have my preference.

While I quite agree with Mr. Dorman B. Eaton when he says that "the hospital which succeeds in reducing restraining means to the lowest minimum, other things being equal, is the best," I am free to say that the presence of restraint in the different classes enumerated, and for the reasons given, does not, in my mind, detract from the merit of an otherwise well ordered hospital, if its use is manifestly warranted by the condition of the cases subjected to it. It is absurd to suppose that its use in this country would be continued if it were practicable to abandon it; and having in my mind cases, not a few in which I believe I have seen the question of life or death turned in the balance in favor of the former, by the timely use of restraint, I can no more bring my mind to its unqualified relinquishment, than could the conscientious surgeon, who sees the satisfactory recovery of his patients from bodily injuries, under the judicious use of mechanical appliances, be persuaded to abandon the use of splints in fractures, or to trust to the hands of attendants in lieu of them.

I question, from what I have observed, if our practice in respect to restraint radically differs from the English; whether the class of cases to which its use is mainly confined here, is not there unknown; but be that as it may, I place on record, in concluding, my conviction that the insanity of Great Britain, in its prevailing type, differs from that of either continent; and that the modification of its features is primarily due to climatic conditions, which in the process of time have modified the constitutions of the people, and consequently qualified their manifestations of disease.